

## HEALTH CAREERS AND WORKFORCE DIVERSITY

## **Health Career Awareness Registration Form**

Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

PROGRAM INFORAMTION:			
Title: Health Careers Awareness (Write in title of program)	Registration Fee:N/A		
STUDENT INFORMATION:			(гее и аррисане)
Student Name: First		MI	Last
Mailing address (	_NC_ _ City State	Zip Code	County
SS# (last four digits):	Student Email: _		
Home Phone #:	Cell or Other contact #:		
Current Grade:	School Name:		
Graduation Year:	Gender: □ Male	□ Female Da	te of Birth://
Race (check one):  American Indian or Alaskan Native African American/Black White			Other Pacific Islander
Ethnicity: (check one):  ☐ Hispanic ☐ Non-Hispanic	Student T	-Shirt Size	
Student Career Interest(s):			(S, M, L, XL, 2X)
PARENT/GUARDIAN(S) INFORMAT	TION:		
Parent/Guardian(s) Name:			
	_NC_ _ City State	Zip Code	County

Parent/Guardian(s) Work Phone

Parent/Guardian(s) E-mail

Parent/Guardian(s) contact phone